



In The United States Patent and Trademark Office

In re application of: Eric W. Smith, et al.

Serial No.: 10/804,892

Group No.: 3754

Filed: March 19, 2004

Examiner: Frederick C. Nicolas

For: DISPENSING DEVICE AND METHOD

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail, in an envelope addressed to Mail Stop Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on:

Signature Date 5/2/05

Mail Stop Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

1. Transmitted herewith is an amendment for this application.
2. Applicant is a small entity.
3. a) ☒ **Extension of Term**

<u>Extension (months)</u>	<u>Fee for other than small entity</u>	<u>Small Entity</u>
one month	\$ 120.00	\$ 60.00
two months	\$ 450.00	\$ 225.00
three months	\$1,020.00	\$ 510.00
four months	\$1,590.00	\$ 795.00
five months	\$2,160.00	\$1,080.00

An extension is hereby requested for One (1) month(s) with a fee of \$ 60.00.

An extension for _____ months has already been secured and the fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ 60.00.

OR

- b) ☐ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

Fee for Claims

4. The fee for claims has been calculated as shown below:

(column 1)		(column 2)		(column 3)	Small entity	
	Claims remaining after amendment		Highest no. previously paid for	Present extra	Rate	Additional fee
Total	11	Minus	20	= 0	x 25 =	\$ 0
Indep.	2	Minus	3	= 0	x 100 =	\$ 0
First presentation of multiple dep. Claim					+180 =	\$
					Total	\$ 0
					Additional fee	\$ 0

- * If the entry in Column 1 is less than entry in Column 2, write "0" in Column 3.
- ** If the "Highest no. previously paid for" IN THIS SPACE is less than 20, enter "20".
- *** If the "Highest no. previously paid for" IN THIS SPACE is less than 3, enter "3".

The "Highest no. previously paid for" (total or indep.) is the highest number found in the appropriate box in Column 1 of a prior amendment or the number of claims originally filed.

Total additional fees required: \$ 60.00

5. Fee Payment

☒ Check No. 29212 in the amount of \$ 60.00 is enclosed.

Date: May 2, 2005

Reg. No.: 26,479

Signature of attorney

Jon M. Lewis

Type or print name of attorney

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P.S. An extra copy of this letter is enclosed. Would you kindly stamp it with the date received in your office and mail it back to be in the self-addressed stamped envelope enclosed.

JML